AO 440 (Rev. 10/93) Summons in a Civil Action

United States District Court NORTHERN DISTRICT OF CALIFORNIA

ARMANDO VINCENT MUNOZ

SUMMONS IN A CIVIL CASE

CASE NUMBER: CV 07-03846 JF

V.

JAMES TILTON

TO:

WARDEN BEN CURRY CORRECTIONAL TRAINING FACILITY

P.O. BOX 705

SOLEDAD, CA 93960-0705

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY ARMANDO V. MUNOZ K30296 CORRECTIONAL TRAINING FACILITY P.O. BOX 705 SOLEDAD, CA 93960-0705

an answer to the complaint which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgement by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

<u> March 7,</u> 2008

Gordana Macic

(BY) DEPUTY CLERK

Case 5:07-cy-03846-JF U.S. Department of Justice United States Marshals Service

Document 12 PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF ARMANDO VINCENT MUNOZ								OURT CASE NUMBER C07-03846 JF	
DEFENDANT							TYPE OF PROCESS		
JAMES TILTON, ET AL							SEE BELOW		
SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE BEN CURRY, WARDEN CORRECTIONAL TRAINING								TO SEIZE OR CONDEMN	
→ {					te and ZIP Code)	W-1 G-1 1			
AT	P.O. BOX		_	CA 93960					
	OF SERVICE COP	Y TO REQU	ESTER A	NAME AND	ADDRESS BELOW:	I Numbe	er of process to be		
ARMANDO VINCENT HUNOZ K30296 CORRECTIONAL TRAINING FACILITY P.O. BOX 705 SOLEDAD, CA 93960-0705						-	with this Form - 285	2	
							er of parties to be in this case	8	
						Check for service on U.S.A.			
					SSIST IN EXPEDITIN	G SERVIC	E (Include Business and	d Alternate Addresses, All	
Fold	ers, and Estimated	IIIIÇS PIVAIIA	ore ror se	rvice).				Fold	
Signature of Attorney or other Originator requesting service on behalf of: GORDANA MACIC					PLAINTIFF DEFENDAN		TELEPHONE NUMBER DATE 3/10/2008		
SPACE BI	ELOW FOR	USE O	F U.S.	MARSHA	L ONLY — D	O NOT	WRITE BELO	OW THIS LINE	
I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more Total Process District of Origin to Serve					Signature of Auth	Signature of Authorized USMS Deputy or Clerk		Date	
than one USM 28.		No	No						
•				-			shown in "Remarks", the tion, etc., shown at the ac	•	
☐ I hereby certi	fy and return that	I am unable	to locate t	he individual, o	ompany, corporation,	etc., named	f above (See remarks be	elow)	
Name and title o	f individual served	(if not show	n above)					f suitable age and dis- residing in the defendant's of abode.	
Address (complete only if different than shown above)							Date of Service	Time am	
								pm	
							Signature of U.S	i. Marshal or Deputy	
Service Fee	Total Mileage Cha (including endeav	~	irding Fee	Total Charges	Advance Deposits	Amount o	owed to U.S. Marshal or	Amount of Refund	
REMARKS:				1	1				